

Term prelabour rupture of membranes (Term PROM)

This information sheet aims to answer some commonly asked questions about Term prelabour rupture of membranes.

IMPORTANT: This is general information only.
Ask your doctor or midwife about what care is right for you.

What is PROM?

While you are pregnant, your baby lies in a thin membrane sac (amniotic sac) filled with fluid (amniotic fluid). When the membrane breaks and the fluid leaks out, this is known as rupture of membranes (or when your 'waters break'). If you are not in labour and you are more than 37 weeks pregnant when this happens, it is called term prelabour rupture of membranes or PROM for short. It happens to about 8 out of every 100 pregnant women.

How do you know if your membranes have ruptured?

Often, you will feel an unusual dampness, a leaking or gushing of fluid from the vagina. It may be a lot of fluid or not very much. Your underwear will be damp or wet. Usually, amniotic fluid smells a bit sweet and is clear or pink or sometimes a green or brown colour. Urine smells more like ammonia and is straw coloured. There are tests your health care provider can do on the fluid to tell if it is amniotic fluid or not.

What should you do?

If you think your membranes might have ruptured, contact your midwife or doctor straight away. They will advise you what to do. You will usually be asked to go to hospital for a check-up. Your baby's heart beat will be listened to and you will be assessed. A vaginal examination with a speculum is usually recommended.

What about infection?

Before birth, the membrane sac helps protect your baby from infection. If your check-up shows that everything is okay, it is safe to wait and see if you go into labour naturally. Most women with PROM will go into labour within 24–48 hours. If your labour has not started 24 hours after PROM, there is a greater risk of you or your baby getting an infection. Your midwife or doctor will discuss your options with you.

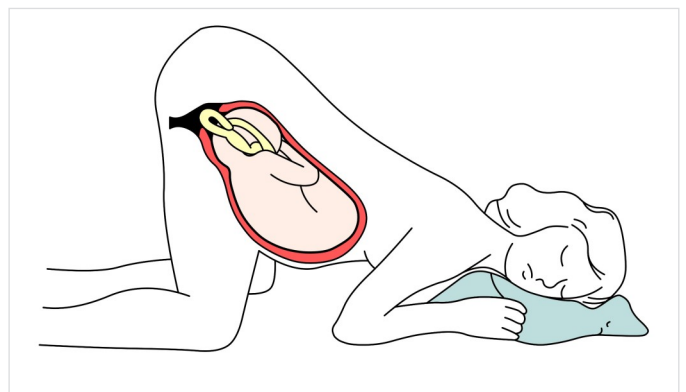
Will you need antibiotics?

When your membranes rupture, you don't need antibiotics 'just in case'. Antibiotics are recommended:

- if you get an infection before or during labour
- once you are in labour, if your membranes have been ruptured for 18 hours or more. This helps to prevent your baby from getting a serious infection called Early onset Group B streptococcus (GBS) disease (you may like to read the parent information about GBS)

What is a cord prolapse?

A cord prolapse is when the umbilical cord falls through your cervix in front of your baby. It is a very serious emergency. Babies can die when this happens. If you see or feel anything in your vagina after your membranes break, call for help immediately. If you are at home call an ambulance. Kneel down on your elbows and knees with your bottom up in the air. This can help prevent the cord from being squashed. Don't touch the cord or try to put it back into your vagina. Fortunately, cord prolapse is not very common. It happens to between 1 and 6 of every 1000 babies born. It is more common if your baby is small or preterm, or is coming bottom first (breech position).



Knee down elbow position if cord prolapse

What happens after PROM?

After your membranes rupture there are two main options. You can decide to have your labour induced (active management) or you can wait and see if your labour starts by itself (expectant management). If you were planning an elective caesarean section, you may need to have it sooner than originally planned.

Talk with your midwife or doctor about these options. Sometimes there are reasons why active management or 'waiting and seeing' (expectant management) may be better for you and your baby. What is right for one woman may not be right for another.

If you choose expectant management?

If you decide to 'wait and see' if labour starts by itself, you may be able to go home. You will be asked to return to hospital for regular check-ups. You will also be asked to watch for signs of infection. This includes contacting your midwife or doctor if:

- your temperature is 37.5 °C or more
- your vaginal loss changes colour or begins to smell
- you notice any changes to your baby's movement (such as moving more or less often)
- you feel unwell or have flu like symptoms
- your heart beat is faster than 100 beats in one minute
- you have pain or your abdomen feels tender
- you just don't feel quite right

Look after yourself

- change your pad regularly when it is damp
- a shower or bath is ok and does not increase your risk of infection
- do not have vaginal sex after your membranes rupture as this can increase your chance of getting an infection

Support & Information

13HEALTH (13 432584) offers health information and referral services to the public via telephone.

Pregnancy, Birth & Baby Helpline 1800 882 436 (free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care. www.health.gov.au/pregnancyhelpline

Lifeline 13 11 14 Lifeline offers a telephone crisis support service to anyone. www.lifeline.org.au

Queensland Clinical Guidelines: Parent information on Group B streptococcus. www.health.qld.gov.au/qcg